The State Hospital

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Lewis Macdonald MSP
Convener, Health and Sport Committee

By Email only
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Dear Mr Macdonald

Thank you for your letter of 20 December, and for the opportunity to appear before the Committee on 3 December 2019.

I trust that the following information, by way of response to your letter, is helpful for the Committee.

Sick and Other Absences

The Committee note the considerable improvement made in the absence levels and wonder why the target for those areas providing Forensic Mental Health Services should be higher than for other NHS Boards?

Response:

The target level for The State Hospital for Scotland is 5%, in comparison to the target for other NHS Boards of 4%. This was agreed with Scottish Government in 2010, and the target remains in place to date. This is to reflect the unique circumstances of The State Hospital within NHS Scotland in the delivery of specialised forensic care to our patients.

The State Hospital has maintained an absence level in the range 5.5% to 6.2% since April 2019.

Sturrock Report

During discussion on this aspect you indicated (col 8) you surveyed staff on 40 themes from the report on areas for improvement. Thereafter you indicated the workstream considering this would look at introduction of "key metrics and measures" to ensure staff do not feel harassed and intimidated. Could you indicate the role you envisage these will take to eradicate such behaviour?

Response:

The themes arising from the staff survey were: Communications and Engagement, Leadership and Management, Human Resources, Culture and Behaviours, Staff Support and Governance. This has provided good baseline indicators form which the organisation can improve going forward.

Additionally, the consultative stages of the clinical model process identified a number of concerns from staff who were dissatisfied with aspects of the organisation; these factors were unrelated to the direct delivery of clinical care.

It is recognised that clinical realignment towards a sub specialty care and treatment model will address and resolve challenges faced with direct delivery of patient care. However, the redesign process overall brings a fresh opportunity to develop the workforce culture, values, behaviours and leadership across the organisation.

A Culture, Values and Behaviours and Leadership workstream has been created with the key aims of reviewing and refreshing the organisation wide leadership structure and managerial structure; and to create a consistency of culture, values and behaviours for the organisation overall.

The key areas of focus are:

- Organisational Culture
- Level of staff engagement, morale and sense of value
- Team approach and fidelity to the values of the organisation
- Sense of worth and empowerment for all staff across The State Hospital
- Leadership and Development model for The State Hospital

This work is currently underway and a set of key measures will be developed based on the themes collated through staff feedback linked to the guiding principles of the study of organisational behaviour.

A key part of this work will be to ensure that staff do not feel harassed or intimidated, placing this objective within the wider context of organisational behaviours and leadership, and achieving this through staff engagement.

Leadership development workshops have already taken place and the formal workstream across the entire organisation is being launched in February 2020.

Consultation with staff

You indicated (col 13) more than half of the staff were consulted on changes to the staffing models through workshops or visits to wards. Could you indicate what methods were used to provide the remaining staff with an opportunity to contribute.

Response:

A Staff Workshop was held on 6 February 2019, a Patient Workshop was held on the 18 February 2019, and a Stakeholder Workshop was held on 25 February 2019. Following these events, an invitation was issued to staff to feedback comments alongside a programme of planned engagement events with staff groups. Over 200 clinical and non clinical staff attended the engagement meetings.

In particular, engagement took place with Hub clinical leadership teams who had discussions of the Clinical Model Review in their team meetings; and with Hub Leaders who were identified as champions for engagement on the review. Meetings were arranged for engagement and discussion with Nursing and Allied Health Professional staff, Medical staff and the Psychological Therapy Service. Written responses were also received from across these clinical staff groups. There was further engagement in non-clinical settings including security and support staff groups, the Partnership Forum as well as the independent Patient Advisory Service.

Following the Board's decision on 24 October 2019 on the emergent preferred option, a series of meetings were arranged during November 2019 to communicate this across the organisation, engaging over 120 clinical and non-clinical staff.

Regular written briefings were provided throughout each stage of the process, and these were circulated through e-mail updates to all staff members. Staff Bulletins were issued to all staff to provide progress updates. These bulletins and e-mails provided a point of contact for staff to connect with the process, if they had any questions or feedback. Throughout the process, all staff were encouraged to raise any questions or concerns they may have had through their line management structure.

Availability of beds

There was extensive discussion around the availability of beds at the different security categories (from col 17). It appears there is a shortage of both low and medium secure beds. The former being akin in seems to us to delayed discharge issues in a hospital setting. It was also suggested that should that blockage be resolved there would still be a shortage of medium secure beds as a consequence of patients being moved down. It was indicated a delivery review was ongoing, can you indicate when you expect that review to report its recommendations?

Who is responsible for delivery of the recommendations?

Response:

The report is expected to be delivered to the Minister of Mental Health in June 2020. This is an independent review for the Minister of Mental Health. She would be responsible for considering the recommendations within the report and the actions then to be taken.

Number of available beds, staff costs and benchmarking

You indicated (col 22) there are 108 patients in the state hospital and your clinical model was based on a maximum of 120 patients. Overall capacity is for 144 patients.

Later (col 33) when discussing potential savings Robin McNaught indicated just under 85% costs were staff costs, adding that it was only the remaining 15% of costs from which future economies could be found. The Committee were also told about changes to the banding mix of staff with more band 1-4 now employed and less bands 5-9 (col 12) along with a new policy to employ modern apprentices.

To what extent do such changes and other changes accruing through the new clinical models offer up opportunities for financial economies?

Can you also indicate what impact you anticipate the new model will have on workforce planning?

We were pleased to learn you are benchmarking the hospital against similar establishments elsewhere in the UK (col 12), can you indicate what was learned from that exercise and how you compare?

Response:

In the costing assumptions for the Clinical Model, the modelling has been undertaken on revised establishment numbers to reflect the requirements of clinical service delivery appropriately. Work is currently underway as part of implementation planning of the Clinical Model, and necessarily on projected estimated savings.

Two models have been developed for the purpose of costing the Clinical Model. Model one is based on the current shift pattern with model two modifying this to include staff working in 9-5 roles.

Provisional financial modelling has looked at the affordability of the new clinical model which is based on a ten ward structure within The State Hospital, and with each ward delivering a more clearly defined clinical function. The revised cost of operating this model is:

- **£15,124,433** This cost is **£194,500** p.a. less than the current revenue allocation (based on current shift model)
- **£14,784,940** This costs is **£534,000** p.a. less that the current revenue allocation (modelling 9am – 5pm shifts)

Therefore, both staffing models are affordable within the existing recurring revenue allocation, and should best ensure sustainability of safe staffing numbers. The inclusion of 9-5 roles will likely present career development and progression opportunities for staff who are currently working in unregistered care roles at band 3.

We made contact with the NHS England NHS Benchmarking team to discuss benchmark nurse staffing levels within medium and high secure services in England. They verbally shared high level staffing data which was based on an average of nursing staff per 10 beds. Within both medium and high secure services, there was an average nurse staffing of 33 whole time equivalent (WTEs) per 10 beds.

As a requirement of safe staffing legislation, workload tools and professional judgement will be run in all wards as part of the delivery of the 'common staffing method.' In preparation for this, to date a full 6-week run has been completed in one hub within The State Hospital. The workload tool output was for 32.5 WTEs in this ward, with the professional judgement tool being 33.5 WTEs. It is reassuring that the workload tools, professional judgement and NHS England Benchmarking are all broadly consistent with the planning assumptions of the Clinical Model.

As part of our planning for the implementation of the new clinical model, workforce plans are being developed by all clinical and non-clinical services who are affected by this change. This work will be completed by 14 February 2020.

Obesity

Tackling obesity is your number 1 clinical priority with only 13.7% of your patients' having a healthy BMI. The percentage weight gain of your patients is "of remarkable concern" and Professor Thomson also indicated "we cause the problem" and that "most of the damage occurs in our environment" (cols 29 & 31). Discussion ensued around causes including limited exercise and activity as well as excessive eating.

It was acknowledged a radical approach (col 6) was required to controlling this and that the numbers had deteriorated despite the implementation of a healthy choices meal plan in 2016. A 15 point plan covering other aspects was also commenced that year.

Concerns were indicated about infringing patients' rights and the Committee are aware of the views of the Court of Session in relation to your actions 8 years ago. The Committee would welcome details of the approach you are now intending to take which meet the proportionality requirements of Article 8 ECHR and particularly details of when these are to be implemented.

Professor Thomson also indicated a 60 day reduction in the time it takes from admission to receipt of sports induction. Can you indicate what the current period is?

Response:

A Healthy Choice Workshop was held within The State Hospital on 20 January 2020 and a new plan for the hospital will now be developed following this. We are very aware of the ECHR issues and the

requirement for all decisions to be proportionate and taken on an individual basis. We are also aware of our duty of care. It may be that for some patients who refuse to comply with their health and well-being plan, and who are morbidly obese and at serious risk of major morbidity or death, that some limitation on access to the shop and to additional foods beyond a healthy diet would be advisable. Advice would be sought from the Mental Welfare Commission and the Central Legal Office before any such proposal was enacted.

The number of days from admission to sports and fitness induction has been reduced from an average of 109 days to **46 days** – an improvement of 63 days.

Please do not hesitate to contact me, should you or the Committee require any further information.

I would also like to take this opportunity to remind you that I would be happy to arrange a visit to The Stat Hospital for you or any other Committee member, should this be of interest to you.

Yours sincerely

GARY JENKINS
Chief Executive